

**LBNL HIGH SCHOOL STUDENT RESEARCH PARTICIPATION PROGRAM**

Teacher Recommendation

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SUMMER 2004

Teacher Information and Recommendation Page

NAME (LAST) _____ (FIRST) _____ (MI) _____ (WORK TELEPHONE NUMBER) _____

WORK ADDRESS (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____

(NAME OF SCHOOL) _____

(NAME OF PRINCIPAL) _____

(NAME OF SCHOOL DISTRICT) _____

COURSES TAUGHT: _____

EMAIL ADDRESS: _____

How I know the applying student. Please check the appropriate boxes.

Name of student recommending: _____

☐ The student was in my classroom in: _____ (Year)☐ I am a student counselor.☐ I work with the student in special projects☐ Other: _____**Please mail your recommendation on or before March 5, 2004.**

IF YOU FIND HAVE ANY QUESTIONS, PLEASE CONTACT THE LAWRENCE BERKELEY NATIONAL LABORATORY BY CALLING (510) 486-5816 OR (510) 486-5511.

Mail application to: Lawrence Berkeley National Laboratory
CSEE, HSSRPP Program
One Cyclotron Road, MS 7R0222
Berkeley, CA 94720



CENTER FOR SCIENCE & ENGINEERING EDUCATION
One Cyclotron Rd. MS 7-222
Berkeley, CA 94720



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Date: _____ Signed: _____